

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 29549

FORM DOW

UNIFORM LIMITED OFFERING EXEMPTION

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL

OMB Number: 3235-0076

Expires: May 31, 2005

Estimated average burden
hours per response.....16.00

SEC USE ONLY					
Prefix	Serial				
DATE REC	CEIVED				
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Name of Offering (check if this is an amendment and name has changed, and indicate change.) Dominson Capital Investors 2003-W	1.46
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	OCT 2 6 2004
Enter the information requested about the issuer	THOMSON
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	FINANCIAL
Dominton Capital Investors 2003-W.LLC	3 80 00 89 4 80 80
Address of Executive Offices St., Suite 420, Atlanta, GH 30309	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Sq Ne	same
Brief Description of Business	
secured loan for development of retail center	~
Type of Business Organization	
corporation limited partnership, already formed other (p	please specify): Thighily Coupan
Month Year	
Actual or Estimated Date of Incorporation or Organization:	mated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	:

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

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CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA	
2. Enter the information requested for the following:	i na ing pinangangangangangangangangangangangangang
• Each promoter of the issuer, if the issuer has been organized within the past five years;	
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of	a class of equity securities of the issuer.
• Each executive officer and director of corporate issuers and of corporate general and managing partners of p	partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Ben Easterlin V	Managing Partner
Full Name (Last name first, if individual) 191 Perchtree St. Atlanta GH 30303	3
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first) if individual) 191 Pega Atropa St Atlanta GA 30303	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Reneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name Plast name first, if individual) 191 Peachtree St. Atlanta, GH 70303	*
Business or Residence Address (Number and Street, City, State, Zip Obde)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual) 2684 Ellwood Ave Atlanta, GA 30305	•
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
4569 East, Brokhaven Dr, Atlanta, GH 303	19
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
full Name (Last name first, if individual) 1444 Club Dr. NE, Atlanta GNA 30319	
Business or Residence Address (Number and Street, City, State, Zip Code)	<u> </u>
Check Box(es) that Apply: Promoter Deneficial Owner Executive Officer Director	General and/or Managing Partner
Will Name (Last name first, if individual) Wall Peachtee Rd NE, Atlanta, Gett 30305	
Business or Residence Address (Number and Street, City, State, Zip Code)	

 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers.
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
John Man Field Tr
Full Name (Last name first, if individual)
441 E.E. Relter Pkung, Gamesville GA 3050/
Business or Residence Address (Number and Street, City) State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
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Check Bowley that Analysis T. Dannes T. Dannes T. Dannes T. Connellative
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Powler) that Apply:
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(

			,	В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has th	e issuer solo	i, or does th							_		Yes	No 🗷
2. What i	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?										s 25	,000
	Does the offering permit joint ownership of a single unit?										Yes	No
	_	-		-								
comm If a pe or stat	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name	Full Name (Last name first, if individual)											
Business o	r Residence	Address (N	umber and	Street, Ci	ity, State, Z	(ip Code)						
Name of A	ssociated Bi	oker or De	aler									
Name of A	SSOCIATED DI	OKCI OI DC	aici									
	hich Persor											
(Checl	c "All States	s" or check	individual	States)	*******************	***************************************	***************	***************************************	***************************************		☐ Al	l States
AL	AK	ΛZ	AR	CΛ	CO	CT	DE	DC	FL	GΛ	HI	ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	· SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if indi	vidual)		·							
Business of	r Residence	Address (N	Number an	d Street C	City State	Zin Code)			/\/	<i> </i> 		
Name of A	ssociated Bi	oker or Dea	aler									
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Checl	c "All States	s" or check	individual	States)			*******************				☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Hl	ID
IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name	first, if indi	ividual)						1110			
<u> </u>				10	V. 6.	7: 0 1			M/H			
Business of	r Residence	Address (N	Number an	d Street, C	ity, State, i	Zip Code)			l			
Name of A	ssociated Bi	oker or Dea	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	k "All States							•••••			☐ AI	l States
ĀL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM ÜT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt		\$ O
	Equity	775,000	\$ 775,000
	☐ Common ☐ Preferred	,	2
	Convertible Securities (including warrants)	0	s
	Partnership Interests	\sim	\$ <u> </u>
	Other (Specify)	\mathcal{O}_{-}	s_ O_
	Total	775,00	08 775,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A.i.
		Number	Aggregate Dollar Amount
		Investors	of Purchases
	Accredited Investors		\$
	Non-accredited Investors		5 775,00°C
	Total (for filings under Rule 504 only)	8	\$ 775,00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505	A	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s_O
	Printing and Engraving Costs		s
	Legal Fees		sO
	Accounting Fees		sO
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$ O
	Other Expenses (identify)	_	s O
	Tatal] [c 0.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	S AND USE OF PRO	CEEDS	
b. Enter the difference between the aggregate offering price given in response to Part and total expenses furnished in response to Part C — Question 4.a. This difference is the proceeds to the issuer."	e "adjusted gross		s 775,00
Indicate below the amount of the adjusted gross proceed to the issuer used or propose each of the purposes shown. If the amount for any purpose is not known, furnish check the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C — Question 4.b above.	an estimate and		y
	1	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees	S	$-\!-\!\!\!-\!\!\!\!-\!$	
Purchase of real estate	🗀 \$. □\$ <u>Ø</u>
Purchase, rental or leasing and installation of machinery and equipment	🗀 \$		
Construction or leasing of plant buildings and facilities	🗀 \$		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		0	s_0
Repayment of indebtedness	🗀 \$		
Working capital	\$		
Other (specify):			
	 [] \$	_0	
Column Totals	🗀 \$	0.00	\$_0.00
Total Payments Listed (column totals added)		\$ <u></u>	.00
D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the undersigned duly authorized persignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exhe information furnished by the issuer to any non-accredited investor pursuant to paragraphs.	xchange Commission	n, upon writte	
Some (Print or Type) Dominion Califor Laurstons 2003-W, Signature	Date	(0/	19/04
Name of Signer (Print or Type) William D. Brunstad Manaira	Merb	er	(

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?	П	rQ/

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
1 1 1 1 2 -		12/10/01/
Pominion Copita I Investory 2003-W, HE	Cabel.	10/19/09
Name (Drint of True)	Title (Print on Tune)	
Name (Print or Type)	Title (Print or Type)	
1.741C T K1		M dia har
Villam D. Diwista	Managine	puer De
	y ,	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

,	APPENDIX									
1	Intend to non-a investor	2 to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pui	investor and rchased in State C-Item 2)		Disqual under Sta (if yes, explana waiver (Part E-	ification ate ULOE attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR							•			
CA										
СО										
СТ										
DE										
DC										
FL	,						0			
GA	<u> </u>	X	Equity	70	775,000	0				
HI			'							
ID										
IL										
IN									<u> </u>	
IA										
KS	<u> </u>									
LA							- <u>, </u>		<u> </u>	
ME										
MD									<u> </u>	
MA								<u> </u>		
MI	·									
MN									<u></u>	
MS									<u> </u>	
	J	<u> </u>						11		

2 5 1 3 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of amount purchased in State investors in State offered in state waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors** Amount Investors Amount Yes No MO MT NE NV NH NJ NM NYNC ND ОН OK OR PA RI SCSD TN TXUT VTVA WAWVWI

APPENDIX

	APPENDIX									
l		2	3	4				5 Disqualification under State ULOE		
	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and exp amount purchased in State wa (Part C-Item 2) (Pa			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										

ATTACHMENT TO FORM 8D FILED IN CONNECTION WITH DOMINION CAPITAL INVESTORS 2003-W, LLC

Sales were made directly to accredited investors simultaneously with Dominion Capital Investors 2003-W, LLC making a \$775,000 mezzanine loan which is the sole asset of that entity. The loan closed on March 30, 2004.